


9 FAM 42.63 Exhibit VIII

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42.63 EXHIBIT VIII OF 230 I – APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

		OMB APPROVAL NO. 1405-0015 EXPIRES: 8-31-92 • ESTIMATED BURDEN: 1 HOUR
APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION		
PART I – BIOGRAPHIC DATA		
INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.		
WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States.		
This form (OF-230 PART I) is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.		
1. FAMILY NAME		MIDDLE NAME
2. OTHER NAMES USED OR BY WHICH KNOWN <i>(If married woman, give maiden name)</i>		
3. FULL NAME IN NATIVE ALPHABET <i>(If Roman letters not used)</i>		
4. DATE OF BIRTH <i>(Day) (Month) (Year)</i>	5. AGE	6. PLACE OF BIRTH <i>(City or town) (Province)</i>
7. NATIONALITY <i>(If dual national, give both)</i>	8. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9. MARITAL STATUS <input type="checkbox"/> Single <i>(Never married)</i> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Including my present marriage, I have been married _____ times.
10. PERSONAL DESCRIPTION a. Color of hair _____ c. Height _____ b. Color of eyes _____ d. Complexion _____		11. OCCUPATION
12. MARKS OF IDENTIFICATION		13. PRESENT ADDRESS Telephone number: Home _____ Office _____
14. NAME OF SPOUSE <i>(Maiden or family name)</i> <i>(First name)</i> <i>(Middle name)</i> Date and place of birth of spouse: Address of spouse <i>(If different from your own)</i> :		
15. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN		
NAME	DATE AND PLACE OF BIRTH	ADDRESS <i>(If different from your own)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
THIS FORM MAY BE OBTAINED GRATIS AT CONSULAR OFFICES OF THE UNITED STATES OF AMERICA		
NSN 7540-00-130-8317 50230(1)-101		OPTIONAL FORM 230 Part I (ENGLISH) REVISED 4-91 DEPT. OF STATE
Previous editions obsolete		

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OF-230 I – Application for Immigrant Visa and Alien Registration—Continued

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16. PERSON(S) NAMED IN 14 AND 15 WHO WILL ACCOMPANY OR FOLLOW ME TO THE UNITED STATES.				
17. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS <i>(If deceased, so state, giving year of death)</i>				
18. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS <i>(If deceased, so state, giving year of death)</i>				
19. IF NEITHER PARENT IS LIVING PROVIDE NAME AND ADDRESS OF NEXT OF KIN <i>(nearest relative)</i> IN YOUR HOME COUNTRY.				
20. LIST ALL LANGUAGES YOU CAN SPEAK, READ, AND WRITE				
LANGUAGE	SPEAK	READ	WRITE	
21. LIST BELOW ALL PLACES YOU HAVE LIVED FOR SIX MONTHS OR LONGER SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.				
CITY OR TOWN	PROVINCE	COUNTRY	OCCUPATION	DATES (FROM/TO)
22. LIST ANY POLITICAL, PROFESSIONAL, OR SOCIAL ORGANIZATIONS AFFILIATED WITH COMMUNIST, TOTALITARIAN, TERRORIST OR NAZI ORGANIZATIONS WHICH YOU ARE NOW OR HAVE BEEN A MEMBER OF OR AFFILIATED WITH SINCE YOUR 16TH BIRTHDAY.				
NAME AND ADDRESS	FROM/TO		TYPE OF MEMBERSHIP	
23. LIST DATES OF ALL PREVIOUS RESIDENCE IN OR VISITS TO THE UNITED STATES. <i>(If never, so state)</i> GIVE TYPE OF VISA STATUS IF ANY. GIVE I.N.S. "A" NUMBER IF ANY.				
LOCATION	FROM/TO	VISA	I.N.S. FILE NO. <i>(If known)</i>	
SIGNATURE OF APPLICANT			DATE	
NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.				
<small>*Public reporting burden for this collection of information is estimated to average 24 hours per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D. C. 20503.</small>				

